Fill	in this information to identify your cas	se:							
Deb	otor 1 Clarissa Cott	tle			_				
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the:	EASTERN DISTRICT DIVISION	OF NEW YORK,	BROOKLYN	_				
l .	se number 1:16-bk-44077		_		C	neck if this is:			
(lf kr	nown)					An amende	d filing		
_						A suppleme income as o	-		chapter 13
O.	fficial Form 106l					MM / DD/ Y	YYY		
S	chedule I: Your Inco	me							12/15
spo atta	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the control of th	spouse is not filing wit	h you, do not inc	lude informa	tion abou	ıt your spou	se. If more	space is ne	eded,
١.	information.		Debtor 1			Debtor 2	or non-fili	ing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emple	oyed		
	attach a separate page with information about additional employers.	Occupation	☐ Not employe	ed		☐ Not e	mployed		
	Include part-time, seasonal, or self-employed work.	Employer's name	Bayside Ped	iatric Care	PC				
	Occupation may include student or homemaker, if it applies.	Employer's address	22116 Union Bayside, NY		1	_			
		How long employed th	nere?						
Par	t 2: Give Details About Mont	hlv Income							
	mate monthly income as of the dat ss you are separated.		ou have nothing to	report for any	line, write	s \$0 in the spa	ace. Include	your non-filir	ng spouse
If yo	u or your non-filing spouse have more e.e, attach a separate sheet to this form	than one employer, comb n.	oine the informatio	n for all emplo	yers for th	nat person on	the lines be	elow. If you ne	eed more
					For	Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca	,	, ,	2.	\$	597.00	\$	N/A	
3.	Estimate and list monthly overting	ne pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	597.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Cottle, Clarissa	_	Case	e number (if known)	1:16-bk-44	077	
			_					
				For	r Debtor 1	For Debtor	2 or	
						non-filing	pouse	
	Cop	by line 4 here	4.	\$_	597.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	135.64	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	N/A	
	5e.	Insurance	5e.	\$-	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$-	0.00	\$	N/A	
	5g.	Union dues	5g.	\$ -	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h	· · · · ·	0.00	+ \$	N/A	
_			_			· -		
6. -		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	135.64	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	461.36	\$	N/A	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent						
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	04		8d.	\$-		\$		
	8d. 8e.	Unemployment compensation Social Security	8e.	\$-	0.00	\$	N/A N/A	
	8f.	•	oe.	Ψ_	0.00	Ψ	N/A	
	οι.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance						
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.						
		Specify: Public Assistance	8f.	\$_	180.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	N/A	
•		Lather than the course Add I'm and One Obs One Obs One Of Cours Obs	0	_				
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\ <u></u>	180.00	\$	N/A	
			[
10.		culate monthly income. Add line 7 + line 9.	10. \$		641.36 + \$	N/A	= \$	641.36
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.]	
11.		e all other regular contributions to the expenses that you list in Schedule						
		ude contributions from an unmarried partner, members of your household, your divisional or relatives	epender	its, yo	ur roommates, an	d		
		er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not av	railahle tr	nav i	exnenses listed in	Schedule I		
	Spe		anabic to	J pay (expenses listed in	11.	+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resi					6	641.36
	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certain	n Liabiliti	es and	d Related <i>Data</i> , if	it applies 12.	_Φ	041.30
							Combine	
4.5	_		_				monthly i	income
13.	Do	you expect an increase or decrease within the year after you file this form	?					
		No.						
		Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:			
Deb	otor 1 Clarissa Cottle		Check if this is:	
			An amended filing	
	otor 2		A supplement show expenses as of the	wing postpetition chapter 13
(Sp	ouse, if filing)		expenses as or the	Tollowing date.
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO BROOKLYN DIVISION	DRK,	MM / DD / YYYY	
1	nown) 1:16-bk-44077			
	fficial Form 106J			
S	chedule J: Your Expenses			12/1
info (if I	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this for known). Answer every question. The describe Your Household			
1.	Is this a joint case?			
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses f	or Separate Householdof De	ebtor 2.	
2.	Do you have dependents? ☐ No			
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			■ No
	dependents names.			☐ Yes
				□ No
				Yes
				□ No
				_ □ Yes □ No
				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?			. — 165
	yoursen and your dependents.			
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a supple policable date.			
val	lude expenses paid for with non-cash government assistance if your land of such assistance and have included it on Schedule I: Your land ficial Form 1061.)		Your exp	penses
,51				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	1. \$	854.45
	If not included in line 4:			
	4a. Real estate taxes	4:	a. \$	0.00
	4b. Property, homeowner's, or renter's insurance		o. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses	40	c. \$	0.00
	4d. Homeowner's association or condominium dues		d. \$	0.00
5.	Additional mortgage payments for your residence, such as hom	e equity loans 5	5. \$	0.00

6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. S. 0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 50.00 6c. Chidring, laundry, and dry cleaning 9. \$ 0.00 0. Personal care products and services 10. \$ 0.00 0. Personal care products and services 11. \$ 0.00 0. Personal care products and services 11. \$ 0.00 0. Personal care products and services 11. \$ 0.00 0. Transportation. Include gas, maintenance, bus or train fare. 0. Do not include car payments. 11. \$ 0.00 0. Transportation. Include gas, maintenance, bus or train fare. 0. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Life insurance 15c. Vehicle insurance 15c. S 0.00 15d. Other insurance. Specily. 17d. Other. Specily: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Cherr. Specily: 17d. Other. Specily:	Debtor 1	Cottle, Clarissa	Case num	ber (if known)	1:16-bk-44077
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6c. Talephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. S	6a.	Electricity, heat, natural gas	6a.	\$	0.00
6d. Other, Specify: Food and housekeeping supplies Childcare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 0.00 Personal care products and services 10. \$ 0.00 This decide and dental expenses 11. \$ 0.00 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 Services S	6b.	Water, sewer, garbage collection	6b.	\$	0.00
6d. Other, Specify: Food and housekeeping supplies 7. \$ 0.00 1. Childcare and children's education costs 8. \$ 0.00 1. Childcare and children's education costs 8. \$ 0.00 1. Childcare and children's education costs 1. \$ 0.00 1. Medical and dental expenses 1. \$ 0.00 1. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 2. \$ 0.00 2. Transportation, clubs, recreation, newspapers, magazines, and books 1. \$ 0.00 2. Charitable contributions and religious donations 1. \$ 0.00 2. Charitable contributions and religious donations 1. \$ 0.00 2. Charitable contributions and religious donations 2. Left eninement, clubs, recreation, newspapers, magazines, and books 2. Charitable contributions and religious donations 2. Left eninement, clubs, recreation, newspapers, magazines, and books 2. Charitable contributions and religious donations 3. Left eninement, clubs, recreation, newspapers, magazines, and books 3. \$ 0.00 3. Left eninement, clubs, recreation, newspapers, magazines, and books 3. \$ 0.00 3. Left eninement, clubs, recreation, newspapers, magazines, and books 3. \$ 0.00 3. Left eninement, clubs, recreation, newspapers, magazines, and books 3. \$ 0.00 3. Left eninement, clubs, recreation, newspapers, magazines, and books 3. \$ 0.00 3. \$ 0.	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	50.00
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Description of the product of the p	8. Chi	Idcare and children's education costs	8.	\$	0.00
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15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 16. \$ 0.00 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17c. Specify: 17c. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 21c. +\$ 0.00 22d. Add lines 22a and 22b. The result is your monthly expenses. 22a. Add lines 22a and 22b. The result is your monthly expenses. 23a. Caply line 22 (monthly expenses from your monthly expenses from your monthly income. 23c. Subtract your monthly net income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	15b	. Health insurance	15b.	\$	0.00
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